

Complete Summary

GUIDELINE TITLE

School-based mental health services.

BIBLIOGRAPHIC SOURCE(S)

Taras HL. School-based mental health services. Pediatrics 2004 Jun; 113(6): 1839-45. [24 references] [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

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SCOPE

DISEASE/CONDITION(S)

Mental health problems

GUIDELINE CATEGORY

Management
 Prevention
 Treatment

CLINICAL SPECIALTY

Family Practice
Pediatrics
Psychiatry
Psychology

INTENDED USERS

Health Care Providers
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Social Workers

GUIDELINE OBJECTIVE(S)

To provide appropriate recommendations for development and management of school-based mental health services

TARGET POPULATION

Children/adolescents with or at-risk for mental health problems

INTERVENTIONS AND PRACTICES CONSIDERED

Interventions for Schools

1. Coordination of mental health program with educational programs and other school-based health services
2. Development of healthy social environment
3. Coordination of mental health referrals through effective written protocols
4. Peer review of school-based specific diagnostic screenings
5. Ensuring defined roles of various mental health professions working in the schools
6. Providing access to group, individual, and family therapies
7. Documenting mental health care professionals' training and competency
8. Provision of private, confidential, and comfortable physical space at the school site
9. Providing staff with access to child psychiatrist or psychologist for consultation
10. Development of quality-assurance measures
11. Maintenance of confidentiality

Interventions for Primary Care Providers (Physicians)

1. Development of support structures for individuals and community
2. Development of a relationship with local schools
3. Inclusion of individualized educational programs for special education students
4. Advocating for financial and institutional changes

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A recent pilot study on cost of care reported that school-based mental health services were less expensive than private or community-based mental health services. Therefore, cost of providing mental health services at school, versus traditional settings, should not be an inhibiting factor for health insurers (private or Medicaid) and managed care organizations that are already resolved to providing these services somewhere.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Recommendations for Schools

1. The mental health program (preventive strategies and mental health services) should be coordinated with educational programs and other school-based health services. School social workers, guidance counselors, school psychologists, school nurses, and all mental health therapists should plan preventive and intervention strategies together with school administrators and teachers as well as with families and community members.
2. Preventive mental health programs should be developed that include a healthy social environment, clear rules, and expectations that are well publicized. Staff members should be trained to recognize stresses that may lead to mental health problems as well as early signs of mental illness and refer these students to trained professionals within the school setting.
3. Mental health referrals (within the school system as well as to community-based professionals and agencies) should be coordinated by using written protocols, should be monitored for adherence, and should be evaluated for effectiveness.
4. School-based specific diagnostic screenings, such as for depression, should be implemented at school only if they have been supported by peer-reviewed evidence of their effectiveness in that setting.
5. Roles of all the various mental health professionals who work on campus with students should be defined so that they are understood by students, families, all school staff members, and the mental health professionals themselves.
6. Group, individual, and family therapies should be included as schools arrange for direct services to be provided at school sites. Alternatively, referral systems should be available for each of these modes of therapy so that students and families receive the mode of therapy most appropriate to their needs.
7. It should be documented that mental health professionals providing services on site in school (whether hired, contracted, or invited to school sites to provide services) have training specifically in child and adolescent mental health (appropriate for students' ages) and are competent to provide mental health services in the school setting.
8. Private, confidential, and comfortable physical space should be provided at the school site. Often, this is not difficult for schools if mental health services are provided after school hours. Having school-based services should not preclude the opportunity for mental health services to be provided at nonschool sites for situations in which therapy at school for a student may be ill advised (e.g., a student who feels uncomfortable discussing a history of sexual abuse at the school setting). During extended school breaks, schools must provide continued access to mental health services.

9. Staff members should be provided with opportunities to consult with a child psychiatrist or clinical psychologist (on or off the school site) so that they may explore specific difficult situations or student behaviors and review school policies, programs, and protocols related to mental health.
10. Quality-assurance strategies should be developed for mental health services provided at school, and all aspects of the school health program should be evaluated, including satisfaction of the parent, student, third-party payers, and mental health professionals.
11. Confidentiality of health information should be maintained, as mandated by law.

Recommendations for Pediatricians and Other Providers of Primary Care for Children and Adolescents

The following recommendations are targeted to individual pediatricians and/or groups of physicians such as local chapters of the American Academy of Pediatrics (AAP):

1. An ecologic view of mental health should be taken, and support structures should be built not just for individual patients but also for the community. Pediatricians should advocate for schools to develop comprehensive mental health programs with a strong preventive component that focuses on building strengths and resilience, not just on problems, and that involves students' families.
2. Pediatricians should develop a relationship with local schools, serve on school health advisory councils, and promote school-based mental health services (as outlined in "Recommendations for Schools").
3. Management of one's own patients with mental health problems should be coordinated with school-based mental health professionals.
4. Mental health services should be included in individualized educational programs (IEPs) for patients enrolled in a special education program.
5. Pediatricians should advocate for financial and institutional changes that are likely to provide medical homes and families with the option of access to mental health services through school settings, such as coverage of school-based mental health services by health insurers and school billing of Medicaid for school-based mental health services payable under this program.
6. Pediatricians should work with schools to help identify strategies and community resources that will augment school-based mental health programs.
7. Outcomes-based research should be performed on the effectiveness of various school-based mental health models that are designed to improve psychosocial and academic outcomes.
8. Pediatricians, through enhanced collaboration and communication with school mental health service professionals, can strengthen the medical-home model and improve the mental health of their patients.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- A sense of student "connectedness" to schools has been found to have positive effects on academic achievement and to decrease risky behaviors.
- One advantage of the familiar setting of school for provision of mental health services is that students and families avoid the stigma and intimidation they may feel when they go to unfamiliar and perhaps less culturally compatible mental health settings.
- Providing school-based mental health services eliminates the need for transportation of students to and from offsite appointments and facilitates parent participation in mental health appointments, because many parents live within walking distance of neighborhood schools. These advantages may encourage more parents to seek mental health care for their children and more students to self-refer for treatment.
- The convenience and comfort of having school-based mental health services also may promote a longer-lasting commitment to following through with all recommended therapy.
- School-based mental health services offer the potential to improve accuracy of diagnosis as well as assessment of progress.

POTENTIAL HARMS

Receiving services at school may put students at risk of another form of stigmatization, that is, stigmatization by their peers.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

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2004 Jun

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

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American Academy of Pediatrics

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Committee on School Health

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Publications Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on August 9, 2004. The information was verified by the guideline developer on September 27, 2004.

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